

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	<i>5/17/00</i>
O.I.P.E. CLASSIFIER		<i>2</i>	<i>3-15-00</i>
FORMALITY REVIEW		<i>2-1-00</i>	<i>3-1-00</i>
RESPONSE FORMALITY REVIEW		<i>2-1-00</i>	<i>7-6-00</i>

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
= ..... Allowed      I ..... Interference  
- (Through numeral)..... Canceled      A ..... Appeal  
+ ..... Restricted      O ..... Objected

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If more than 150 claims or 10 actions  
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